

# MIDWEST CENTER FOR HEALTH SERVICES & POLICY RESEARCH

## NATIONAL NEWS

### ***Health Economics RFP Issued***

On December 12, 1999, VA Headquarters released a Targeted Announcement calling for proposals in the area of VA Costs, Cost-Effectiveness, and Health Economics. The research foci of interest are in four research areas of VA cost: Methods Development, Development of VA Expertise in Measuring Outcomes for Cost-Effectiveness Analysis, Applied Economics Research and the Comparison of the cost and cost-effectiveness of VA and non-VA care. In particular, "The proposals must reflect understanding of the special issues of measuring costs in the VA. Use of the VA Decision Support System

(dSs) in projects is encouraged." Projects submitted in response to this RFP may not exceed four years in duration or \$750,000 in total cost. For further information on this solicitation, contact Dr. Jay Freedman at (202) 408-3660 or by e-mail at [jay.freedman@mail.va.gov](mailto:jay.freedman@mail.va.gov).

#### ***In this issue:***

- ✓ ***Third QUERI Meeting***
- ✓ ***Parkinson's Study Approved***
- ✓ ***Happy Holidays***

### ***3<sup>rd</sup> Annual QUERI Meeting Scheduled***

The annual meeting for the 8 QUERI programs will be held February 2-4, 2000 in Reston, Virginia. Dr. Thomas Garthwaite, Acting Under Secretary for Health, will deliver the Welcome and Introduction. Dr. Feussner, Chief Research and Development Officer, will overview the Research Highlights of the QUERI groups, and Dr. John Demakis, Director, Health Services Research and Development Service, will provide the QUERI update. Breakout sessions this year will be concentrating on translating evidence into practice. More specifically the groups will discuss: Quality Assurance Tools (e.g., performance measures), Translation Example (a walkthrough of translating a finding), Translating in the Field (identifying opinion leaders), Dissemination Methods (both electronic and paper), and Translation at Headquarters (promoting national policy change).

### ***AHCPR renamed AHRQ***

The Agency for Health Care Policy and Research was officially changed to the Agency for Healthcare Research and Quality (AHRQ) when President Clinton signed into law the Healthcare Research and Quality Act of 1999. The core mission of the AHRQ continues to be supporting, conducting, and disseminating research "that improves access to care, reduces its cost, and improves the outcomes, quality and appropriate use of health care services" (U.S. Department of Health and Human Services, 1999). The AHRQ has been designated under the new law as the lead agency in supporting federal research and efforts to improve health care quality. A fact sheet on AHRQ's reauthorization is available on the Agency's Web site at [www.ahrq.gov/news/ahrqfact.htm](http://www.ahrq.gov/news/ahrqfact.htm) or by contacting AHRQ Public Affairs at (301) 594-1364.

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## ***VA to Participate in Rural Health Agenda Setting***

The National Rural Health Association along with the federal Office of Rural Health Policy (ORHP), the Agency for Healthcare Research and Quality (AHRQ), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veterans Health Administration (VHA) will convene for a two day conference January 25-27 to discuss a national research agenda for rural health. The goal of the conference is to establish a national research agenda that will drive rural health research, policy and practice into the next decade. Dr. **Jay Freedman**, HSR&D and **Diane Cowper**, HSR&D (VIREC) are among the invited participants.

## ***HSR&D Annual Meeting Rapidly Approaching***

The 18<sup>th</sup> Annual HSR&D Service Meeting will be held March 22-24 at the Renaissance Washington DC Hotel. The theme of the conference is "Systematizing Quality in Health Care: Approaches that Work." The San Antonio HSR&D Center of Excellence will host this year's events. While the deadline for abstract submissions has passed, it is important to remind investigators who are planning to attend this year's meeting to register by **January 25, 2000**. If you have any questions about registration and/or fees, please contact Karen Hickey or Rainelle Holcomb in the HSR&D Special Projects Office (phone: (410) 642-1018).

### **MCHSPR NEWS**

## ***MCHSPR Receives Continued Funding as COE***

For the first time, each of the 11 HSR&D Centers of Excellence (COE) was required to write a strategic plan. This plan was designed to identify each center's plans and goals for the future. The document was the basis of a reverse site visit in Washington, D.C. by each COE Director and Associate Director. The review committee raised some concerns regarding the status of a permanent director for MCHSPR and the relationships with our academic affiliates. A subgroup of the review committee visited MCHSPR on Nov. 30, 1999 to meet with MCHSPR staff, hospital and VISN representatives, and representatives from our primary academic affiliates; Loyola University Stritch School of Medicine, Northwestern University, and the University of Illinois.

The site visit went extremely well. To quote the review results, "I am pleased to assure you of continued support for the Midwest Center for Health Services and Policy Research....". The report went on to make some recommendations about how MCHSPR could be strengthened. The letter concluded with the statement "The reviewers were very impressed with the Midwest Center staff, with their interaction and with the interaction among the elements associated with the Center (such as the VIREC and Cooperative Studies program)." The success of this site visit can be attributed to the strong staff within MCHSPR, and the support and commitment of the VA facility, the VISN, and our academic affiliates and we would like to thank all those who participated. The MCHSPR Director Search Committee is moving quickly to identify and recommend a permanent director for the COE. We anticipate that a new director will be named by Spring, 2000.

## ***Parkinson's Study Approved, Weaver as Co-PI***

Dr. **Fran Weaver**, Acting Director, MCHSPR, recently had a cooperative study on Parkinson's Disease approved. The title of the study is, *"A Randomized, Prospective Comparison of Bilateral Subthalamic Nucleus Stimulation to Bilateral Pallidal Procedures in Patients with Refractory Parkinson's Disease."* Kenneth Follett, MD, PhD, a neurosurgeon from Iowa City VAMC & the University of Iowa is the principal investigator. It is a multi-center, randomized trial that will enroll three hundred patients at 15 centers over a period of two years.

A recent review of the inpatient census of the Department of Veterans Affairs medical centers over a five year period identified over 41,000 veterans with a primary (12%) or secondary diagnosis (88%) of Parkinson's Disease (PD). PD patients may have persistent disabling symptoms even when treated with the best medication regimens available. Many of these individuals who have symptoms that are refractory to maximum medical management may be candidates for surgical therapy. Since the early 1990s, the standard surgical treatment has been pallidotomy which relieves symptoms on the opposite side of the body. Bilateral pallidotomy, which would be required to treat the bilateral symptoms of PD, is considered by many movement disorders specialists to have an unacceptably high risk of complication. This limitation of pallidotomy has driven intense interest in finding an alternative to the ablative procedure of pallidotomy. Deep brain stimulation (DBS), a non-destructive treatment that could be used bilaterally, is developing rapidly as an alternative to pallidotomy.

This study will compare the effectiveness of unilateral pallidotomy followed by DBS of the contralateral globus pallidus to bilateral DBS of the subthalamic nuclei in attenuating symptoms of PD. The findings from this study will be critically important in establishing the optimal surgical treatment of the disabling symptoms of Parkinson's Disease.

## ***MCHSPR/CSPCC Hold Holiday Cheer***

The combined MCHSPR/CSPCC Holiday Luncheon '99 took place on Thursday, December 16. The catered affair was well-attended by both Departments. Highlights of the gala included: Gay "The Elf" Watkins and Dr. William "Santa Claus" Best distributing gifts from the grab bag, listening to Holiday tunes (in rap, sung by Chipmunks, and with a Caribbean beat), and catching up with the news of friends and colleagues.

**We Wish all our readers a very happy holiday  
and a joyous, healthy, and wonderful New Year.  
Happy 2000 from Chicago.**

## RECENT PUBLICATIONS

**Budiman-Mak E.** The foot pad in rheumatoid arthritis: Measurement and possible effects on foot disability. JCR: Journal of Clinical Rheumatology 1999; 5: 326-331.

Chapman GB, **Elstein A**, Chmiel J, Chan C, Kim S, **Bennett CL**. Patients are more reliable than clinicians: test-retest reliability of time trade-off utilities for prostate cancer health states. Medical Decision Making. 1999;19: 542.

Daugherty C, Banik D, Ratain M, Siegler M, **Elstein A**. Ethics of Randomized Controlled Trials (RCTs): Physician (MD) Willingness to Enroll Patients (PTs) in the Absence of Individual Clinical Equipoise. Medical Decision Making. 1999;19: 521.

Friedberg M, Saffran B, Stinson TJ, Nelson W, **Bennett CL**. Evaluation of Conflict of Interest in Economic Analyses of New Drugs Used in Oncology. JAMA 1999; 282: 1453-1457.

**Hughes S, Giobbie-Hurder AG, Weaver FM, Kubal J, Henderson W.** Relationship Between Caregiver Burden and Health Related Quality of Life. Gerontologist 1999; 39: 534-545.

Immergluck LC, **Cull W**, Schwartz A, **Elstein A**. Cost-Effectiveness of Universal Compared to Voluntary Screening for Human Immunodeficiency Virus Among Pregnant Women in Chicago. Medical Decision Making. 1999;19: 541.

Schwartz A, Hupert J, **Elstein A**. Evaluating Appropriate Use of Evidence: A Bayesian Approach. Medical Decision Making. 1999;19: 524.

**Weaver FM, Giobbie-Hurder AG, Hughes S, Smith G, Kubal J, Ulasevich A.** Home Medical Equipment Receipt in a Home Care Appropriate Population. Journal of Aging and Health 1999; 11: 494-516.

Wilt T, **Cowper D**, Gammack J, Going D, Nugent S, Borowsky S. An evaluation of radical prostatectomy at Veterans Affairs Medical Centers: time trends and geographic variation in utilization and outcomes. Med Care 1999; 37: 1046-1056.

MCHSPR congratulates Nicole Durczak, daughter of Administrative Officer **Carol Durczak** on her engagement.

Congratulations to **Larry Brand** on receiving a Special Incentive Award. Larry was recognized for his hard work in keeping the network and internet up and running in MCHSPR, CSPCC and Research Service.

Congratulations to **Dr. Jorge Parada** who is now certified as a diplomate of Internal Medicine by the American Board of Internal Medicine.

MCHSPR extends a warm welcome to **Jatinder Kaur**, and **Veronica Romero**.

Congratulations to **Madeline Thornton** on receiving the Employee of the Quarter Award in the Program Specialist Category.

ON A MORE  
PERSONAL  
NOTE

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Madeline Thornton

*Association between Medication Supplies and Healthcare Costs  
in Older Adults from an Urban Healthcare System*

Kevin T. Stroupe Ph.D., Michael D. Murray Pharm.D., Timothy E. Stump M.A.  
Christopher M. Callahan M.D.

**Kevin T. Stroupe, Ph.D.** and researchers from Purdue University, Indiana University and the Regenstrief Institute are collaborators on a study that used an electronic medical record system to determine the distributions of medications supplied to older urban adults. The study also examined the correlations of these distributions with healthcare costs and use. Results from this study are very important as the amount of medication dispensed to older adults for the treatment of chronic disease must be carefully balanced. Insufficient medication supplies lead to inadequate treatment of chronic disease whereas excessive supplies represent wasted resources and the potential for toxicity.

The research design of the study was a cross-sectional study using data from three years (1994-1996) and was conducted at a tax-supported urban public healthcare system consisting of a 300-bed hospital, emergency department, and a network of community-based ambulatory care centers. Patients were older than 60 years of age, had at least one prescription refill and at least two ambulatory visits or one hospitalization during the three-year period.

The investigators determined the amounts and direct costs of medications dispensed to older adult patients focusing on 12 major categories of drugs used to treat chronic diseases. Amounts of medications that were needed by patients to adequately medicate themselves were compared to the medication supply actually dispensed considering all sources of care (primary, emergency and inpatient). They calculated the excess drug costs due to oversupply of medication ( $> 120\%$  of the amount needed) and the drug cost reduction due to under-supply of medication ( $< 80\%$  of the amount needed). They also compared total healthcare use and costs for patients who had an oversupply, an under-supply, or an appropriate supply of their medications.

The cohort comprised 4,164 patients with a mean age of  $71 \pm 7$  (SD) who received a mean of  $3 \pm 2$  (SD) drugs for chronic conditions. There were 668 patients (16 %) who received  $< 80\%$  of the supply needed, 1,556 patients (37%) who received between 80 and 120% of the supply needed, and 1,940 patients (47%) who received  $> 120\%$  of the supply needed. The total direct cost of targeted medications was \$1.96 million during three years or on average \$654,000 annually. Over the three-year period, patients receiving  $> 120\%$  of their needed medications had excess direct medication costs of \$279,084 or \$144 per patient, whereas patients receiving  $< 80\%$  of drugs needed had reduced medication costs of \$423,438 or \$634 per patient. Multivariable analyses revealed that both under- and over-supplies of medication were associated with a greater likelihood of emergency department visits and hospital admissions.

More than one-half of the older adults in this study have under- or over-supplies of medications for the treatment of their chronic diseases. Such inappropriate supplies of medications are associated with increased healthcare utilization and costs.

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*Meet a Member of Our Senior Staff...*

***Kevin Stroupe, Ph.D.***

Dr. Stroupe joined the Midwest Center for Health Services and Policy Research and Cooperative Studies Program Coordinating Center in 1999. Kevin received his Ph.D. in Economics from Indiana University, Bloomington, Indiana June, 1998. His dissertation was entitled, "Three Health Economic Consequences of Chronic Illness: Insurance-Related Job Lock, Inadequate Insurance Coverage, and Health Care Provider's Treatment Costs." Prior to joining the Centers in Chicago, Dr. Stroupe was a Research Economist at the Regenstrief Institute for Health Care in Indianapolis, IN. While he was at the Regenstrief Institute, he developed a cost-effective analysis to implement interventions targeted at diabetes patients and evaluate whether these interventions increased care and improved patients' outcomes. Additionally, Dr. Stroupe was involved in developing a cost-effective analysis in a grant proposal submitted to the NIH to test the effectiveness of primary care based referral in promoting physical activity among older adult women.

At Hines, Dr. Stroupe is working with Denise Hynes, Ph.D. on several economic analyses including, "An Economic Analysis of Erythropoietin for End Stage Renal Disease" based on results from the VA Cooperative Studies Program/Health Care Financing Administration End Stage Renal Disease Work Group Collaborative Study. Recent publications of Dr. Stroupe include articles in the *Journal of the American Geriatrics Society* and the *Journal of Asthma*, as well as forthcoming articles in *the Journal of Health Politics, Policy and Law* and *PharmacoEconomics*.

Dr. Stroupe currently participates in monthly pharmacoeconomic meetings with members of the Pharmacy Benefits Management Group, MCHSPR and CSPCC. The group is planning to submit a letter of intent to study anemia management and other pharmacoeconomic aspects of care using epoetin in patients with end-stage renal failure or with cancer.

In addition to being a Health Economist at MCHSPR and CSPCC, Dr. Stroupe holds an academic research appointment at the Institute for Health Services Research and Policy Studies, Northwestern University.

Dr. Stroupe is a welcomed addition to the MCHSPR core research staff and we are delighted to have him on board.

Special Insert